

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519514

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		1		/		
7		1		/		
8		/		/		
9		/		/		
10		3		/		
11		1		/		
12		1		/		
13		1		/		
14		1		/		
15		1		/		
16		1		/		
17		1		/		
18	/		/			
19		/		/		
20		/		/		
21		/		/		
22		4		/		
23		4		/		
24		/		/		
25		/		/		
26		/		/		
27		3		/		
28		1		/		
29		1		/		
30		1		/		
31		1		/		
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.	5	↓	2	↓		↓
TOTAL DEP.	41	←	23	←		←
TOTAL CLAIMS	46		25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						